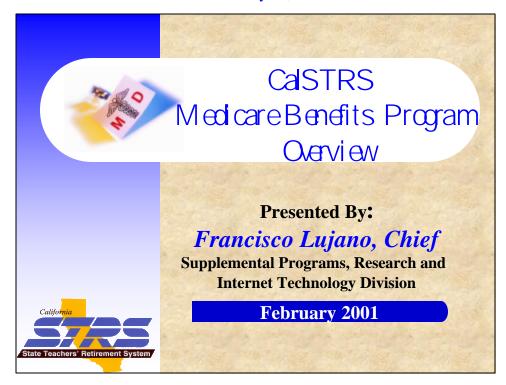
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History – Social Security (1935)

- Old-Age Survivors and Disability Insurance (OASDI) program also known as Social Security, was established
 - Originally a modest retirement plan for employees of private industry
 - Employees of state and local governments were excluded from coverage





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History – Medicare (1965)

Established as a part of the Social Security System.

*Part A Covers:

- ✓ A portion of the costs of hospitalization
- ✓ Limited nursing-home care
- ✓ Benefits for skilled nursing facility care
- ✓ Home health services and hospice care

*Part B Covers:

- ✓ Doctors' fees
- ✓ Most outpatient hospital services
- ✓ Certain related services
- ✓ No prescription coverage
- Not mandated on non-Social Security Systems, such as, CalSTRS







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History – Medicare (1985)

Medicare Changes

- Consolidated Omnibus Budget
 Reconciliation Act of 1985 (COBRA)
 - ❖ Requires all public employees hired on or after April 1, 1986 to participate in Medicare
 - ❖ Workers employed prior to April 1, 1986 allowed to elect Medicare coverage, under specified conditions







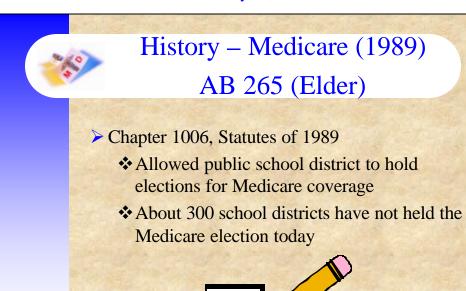
History – Medicare (1986)

- Prior to April 1, 1986, CalSTRS members did not participate in the Medicare Program
- They do not qualify for premium-free Medicare Part A coverage because:
 - ❖ Did not work 40 quarters under Social Security covered-employment; or
 - ❖ Did not qualify under a spouse's employment; or
 - ❖ Did not pay Medicare taxes during the course of their working years.





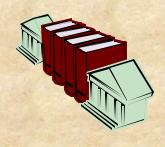
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History – Medicare (1997) Balanced Budget Act

- ▶ Balanced Budget Act of 1997, Public Law 105-33
 - ❖ Provides for premium-free Medicare Part A if you pay the Part A premium for seven years in a row
 - Established Medicare + Choice plans







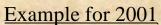
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History – Social Security

Eligibility

- Individual credits on the basis of annual earnings (up to four credits in any year)
- ➤ 40 credits needed to qualify for retirement benefits (about 10 years of work)



- > \$830 in earnings = 1 credit (1 quarter)
- ➤ \$3320 in earnings = to get the maximum 4 credits (4 quarters) for the year





What is Medicare

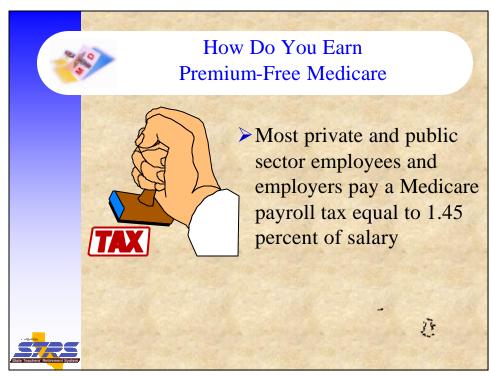
- A Federal Health Insurance Program for:
 - ❖ People 65 years of age and older
 ✓ Some people with disabilities, under 65 years of age.
 - ❖ People with End-Stage Renal Disease (permanent kidney failure and requires regular dialysis or transplant to stay alive)
- ► Has Two Parts:
 - **❖ Part A (Hospital Insurance)**
 - ✓ Most people do not have to pay for Part A.
 - **❖** Part B (Medical Insurance)
 - ✓ Most people pay monthly for Part B.













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How Do You Earn Premium-Free Medicare (continued)

- CalSTRS members hired before April 1, 1986 who elected Medicare coverage in an election held by their employer are required to pay the payroll tax.
- CalSTRS members hired by their current employer after April 1, 1986 are required to pay the Medicare payroll tax.
- Members can also qualify for Medicare coverage from other employment they may have performed or because their spouse is covered.





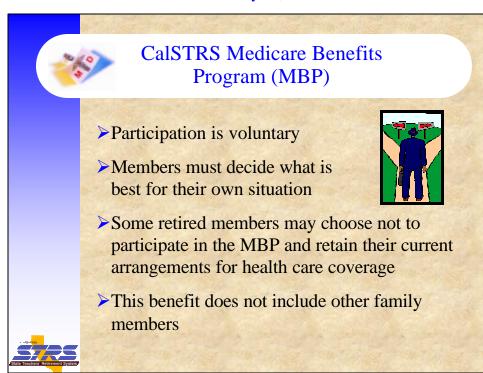
How Do You Earn Premium-Free Medicare (continued)

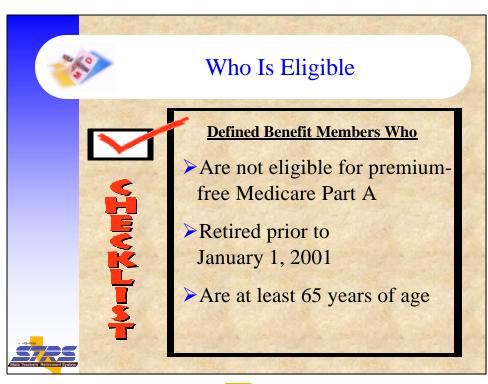
- CalSTRS' Members can earn up to four Medicare "credits" for each year they pay the Medicare payroll tax
- > Generally, you are eligible for Premium-free Medicare Part A if you or your spouse worked for at least 10 years in Medicare-covered employment





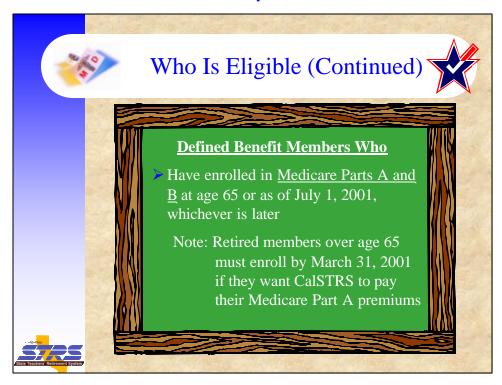








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How Do Members Participate in the MBP

- Enroll in Medicare Parts A and B through the Social Security Administration during their enrollment period
- Complete and return the CalSTRS Medicare
 Authorization form
- Retired members are responsible for paying the Medicare Part B premium by either:
 - ❖ Having the Medicare Part B premium deducted from their CalSTRS retirement allowance beginning June 2001, or
 - ❖ Having Medicare bill them directly





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CalSTRS Medicare Authorization Form

- ➤ Does not enroll members into the federal Medicare program
- ➤ Required in order for CalSTRS to pay the member's Part A premiums
- ➤ Required to deduct the Part B premium from their retirement allowance
- > Must be return at least eight weeks before Medicare coverage begins







Medicare Part B Premium will not be paid by MBP

- Medicare Part B monthly premium for 2001 is \$50
- Federal regulations require retired members to enroll in Medicare Part B to receive Part A coverage if they are not eligible for premium-free Medicare Part A







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Medicare Part B Premium will not be paid by MBP

If a surcharge/penalty is assessed for late enrollment in Part B, MBP will pay those penalties only if the the member's Part B Premium is deducted from their retirement allowance and sent directly to the Health Care Finance Administration (HCFA) by CalSTRS beginning June 2001







CalSTRS will not Pay Medicare Part A Premiums before July 1, 2001

Depending on the member's birthday and when they enroll, they may have to pay some Part A premiums themselves before July 1, 2001



Example:

Frank enrolls in Medicare Parts A & B during December, two months after he turned 65, therefore his coverage will begin in March 2001, five months after the month he turned 65. Frank will be responsible for making Medicare payments for four months (March 2001 through June 2001). CalSTRS will begin making Medicare Part A premium payments July 1, 2001





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Missed payments and Loss of Coverage

- Member who chooses to make the Medicare Part B payments directly to HCFA and miss three monthly payments in a row, HCFA will cancel both Medicare Parts A and B coverage
- The member will have to wait until the next General Enrollment Period (January through March each year) to re-enroll in Medicare and will have no coverage until July of that year





What about those members who retire on or after January 1, 2001

- The TRB will determine during the 2nd quarter of 2001 whether to extend this program's coverage
- Information regarding extending the coverage to members whom retires in 2001 or later will be provided in the CalSTRS *Bulletin* and on the CalSTRS web site at www.calstrs.ca.gov
- If the coverage is extended, an information packet will be sent to all members who will be affected







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Eligibility for those who retired on or after January 1, 2001

- Not eligible for premium-free Medicare Part A
- > Are at least 65 years of age
- > Enrolled in Medicare Parts A & B, at the age of 65, and
- > Retired from a school district that either:
 - Has completed a division to permit CalSTRS active members hired prior to April 1, 1986 to be covered by Medicare prior to January 1, 2001; or
 - Has completed or is conducting the division on or after January 1, 2001
 - ✓ If the member was less than 58 years of age at the time of the division, the member elected to be covered by Medicare







What is is the Medicare Division/Election



Federal law permits a school district, with respect to employees hired before April 1, 1986, to divide into members who desire to be covered by Medicare and those who do not desire such coverage



During the division, members make an irrevocable choice whether or not to participate in Medicare and subject themselves and their employer to the payroll tax to earn Medicare credits





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How does a School Conduct a Medicare Division/Election

- The school district must adopt a resolution and return it with a completed questionnaire to the CalPERS Teachers' Medicare Services before June 30, 2004 in order to start the process, (916) 326-3993
- The division process takes about 12 to 18 months
- After June 30, 2004, Chapter 965, Statutes of 1998 (Assembly Bill 1022,) will revert to the former language that will prevent school districts from contracting independently for Medicare coverage







How can the member find out if their District has completed the Medicare Division/Election

- > If the member was hired by the school district before April 1, 1986, they were not required to pay the 1.45% Medicare payroll tax
- The member can call the district they were last employed when they retired and ask if they held the division





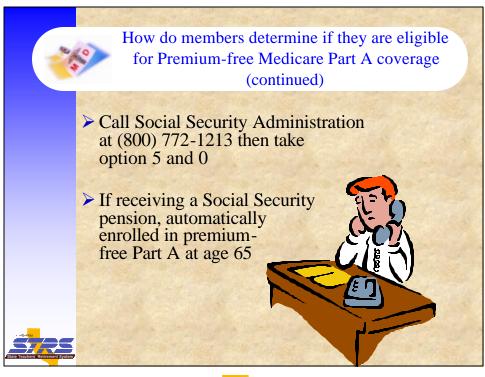




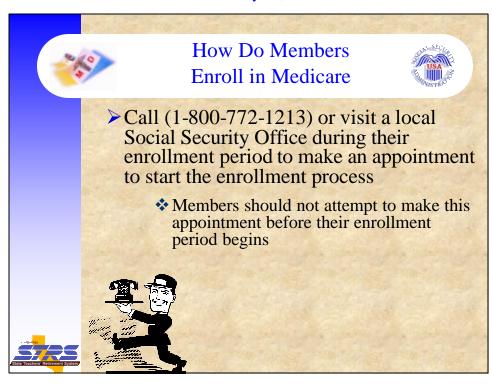
- Check their Social Security annual statement, sent about three months before their 65th birthday
 - ❖ The retired member should look at the Medicare portion of page two in the "Your Estimated Benefits" section to see if it states "you have enough credits to qualify for Medicare"

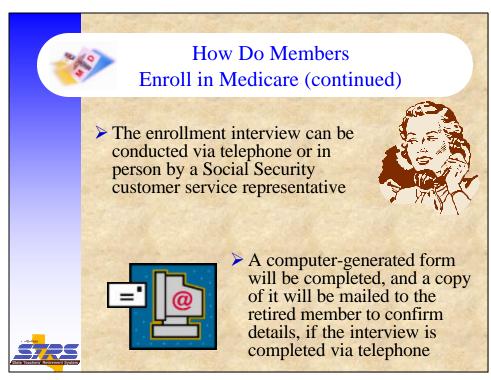




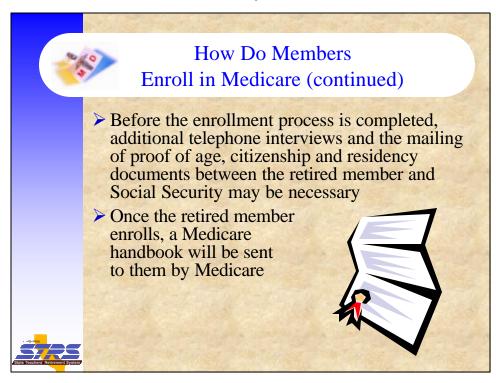


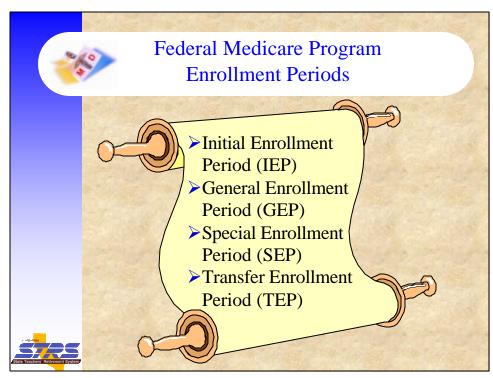














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Initial Enrollment Period (IEP)

- A 7-month period that begins three months prior to the month an individual turns age 65
- Ends the third month after the month the individual turns age 65

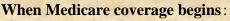
Example:

John turns 65 in October 2000. His IEP begins in July 2000 and ends in January 2001. The month John enrolls in Medicare dictates when his coverage will begin





Initial Enrollment Period (continued)



Coverage will begin based on how close to the members 65th birthday they enroll. The Social Security customer service representative can confirm when the coverage starts during the enrollment interview

If enrollment occurs:	Parts A/B coverage begins:
3 months before age 65	The month age 65 is attainment

Age 65 month
The month after age 65
The month after age 65
2 months after age 65
5 months after age 65
3 months after age 65
6 months after age 65





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Initial Enrollment Period (continued)



John enrolls in Medicare Parts A & B during November, the month after he turned 65, therefore his coverage will begin in December 2000, two months after the month he turned 65. John will be responsible for making Medicare payments for seven months (December 2000 through June 2001). CalSTRS will begin making Medicare Part A premium payments July 1, 2001





Initial Enrollment Period (continued)



- The IEP takes precedence over all other enrollment periods. That is, if the IEP overlaps any other enrollment period, the enrollment will be processed as an IEP enrollment
- ➤ If the members IEP happens to end during the General Enrollment Period (GEP), they may continue to enroll during the remaining months of the GEP
- If the member enrolls during the GEP, their coverage will begin the following July
- If the member does not enroll during their IEP, they may have to wait until the next General Enrollment Period





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General Enrollment Period (GEP)

- The GEP is for individuals who:
 - ❖ Did not enroll in Part B or premium Part A during their IEP
 - Had previously enrolled in Part B/Part A and whose coverage was subsequently terminated
 - ❖ The GEP occurs January 1st through March 31st of each year









General Enrollment Period (continued)

When Medicare coverage begins:

If an individual enrolls during a GEP, coverage is effective on July 1st of the year of enrollment

Example:

Jim, age 67, enrolls in Medicare Parts A and B during the GEP in March 2001, his coverage for Parts A and B begins on July 1, 2001

Premium Surcharges assessed by Medicare

CalSTRS will pay any applicable surcharges for Parts A and B for members who:

- *Retired before January 1, 2001, and
- Are over age 65 on July 1, 2001





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About the CalSTRS Medicare Authorization Form

- The CalSTRS Medicare Authorization form does not enroll the member in the federal Medicare program, but is required for the member to have CalSTRS pay the Part A premiums
- Without this signed form, CalSTRS cannot pay for the members Part A premiums or deduct the Part B premium from their retirement allowance
 - The member must return the form at least eight weeks before your Medicare coverage begins







Members Must Remember

- ➤ If Medicare Part A and Part B coverage begins prior to July 2001, it will take approximately eight weeks after the form is received by CalSTRS before the deductions can begin
- Members should continue paying premiums until the Medicare Part B deduction for \$50 appears on their monthly CalSTRS warrant stub or receive the group billing arrangement notice form Medicare that the bills will be sent to CalSTRS





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For More Information (continued)



- Call 800-772-1213 to enroll in Medicare, the customer service representative will be able to answer the members questions
- General Medicare information is available from Medicare at 800-633-4227 or www.Medicare.gov
- > Additional resources can be accessed from the
 - California Department of Aging, California Health Insurance Counseling and Advocacy Program, 800-434-0222













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Special Enrollment Period (continued)

If coverage is extended to members who retire on or after January 1, 2001, they may wait and enroll during their SEP if covered under a group health plan as long as they meet the CalSTRS MBP requirements

When enrollment may occur

The individual may enroll during:

- Any month that he or she is covered under the GHP while he or she is working or the spouse is working, or
- ❖ The 8-month period that begins the first full month the GHP coverage ends or the employment ends, whichever occurs first.





Special Enrollment Period (continued)

When coverage begins:

- If enrollment occurs while the individual is covered under the GHP based on current employment or during the first full month that he or she is no longer covered under the GHP, based on current employment, Part B/Part A coverage begins:
 - The first day of the month of enrollment, or
 - ❖ At the individual's option, the first day of any of the following three months
- If enrollment occurs during the 7 remaining month of the SEP, Part B/Part A coverage begins the first day of the month after the month of enrollment





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Transfer Enrollment Period (TEP)

- Members who are covered under a Medicare managed care plan and are not eligible for premium-free Medicare Part A may be eligible to enroll in Part A during the transfer enrollment period if they:
 - They turn 65 or older,
 - ❖ Are enrolled in Part B only, and
 - ❖ Whose coverage under the Medicare managed care plan is terminated for any reason





- When enrollment may occur

 The individual may enroll:
- The individual may enroll:
 - During any month that he or she is enrolled in the Medicare managed care plan, or
 - ❖ During the 8-month period that begins the first full month the individual is no longer enrolled in the Medicare managed care plan







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Transfer Enrollment Period (continued)

When Medicare coverage begins:

If enrollment occurs while the individual is enrolled in the Medicare managed care plan or during the first full month that he or she is no longer enrolled in the plan, Part A coverage begins:



- ❖The first day of the month of enrollment, or
- ❖ At the individual's option, the first day of any of the following three months
- If enrollment occurs during the 7 remaining months of the TEP, Part A coverage begins the first day of the month after the month of enrollment



